



JUVENILE REHABILITATION ADMINISTRATION (JRA)
**RESPONSE TO TRANSITION REPORT/
 INITIAL SERVICE PLAN**

TO:	NAME	FACILITY	DATE
FROM:	NAME	SIGNATURE	REGION
PURPOSE OF REPORT			
<input type="checkbox"/> Release to Enhanced Parole in Region: _____ <input type="checkbox"/> Release to Intensive Parole in Region: _____ <input type="checkbox"/> Release to Sex Offender Parole in Region: _____		<input type="checkbox"/> Release to 30 day Transition Parole in Region: _____ <input type="checkbox"/> BTC Minimum _____ Maximum _____ <input type="checkbox"/> Case Transfer (regional offices only)	
IDENTIFYING DATA			
YOUTH'S NAME			
JRA NUMBER	DATE OF BIRTH	COUNTY OF COMMITMENT	RELEASE DATE
PLACEMENT ENVIRONMENT			
INVESTIGATED PLACEMENT (NAME)	RELATIONSHIP	PRIMARY LANGUAGE	TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE

Home/neighborhood/peers (physical description, criminal/gang activity, etc.):

Family status (composition, interactions, at-risk family members, attitude, support capabilities, DCFS involved youth include details, etc.):

Orientation to parole (introduce FFP, review Parole Contract):

Proposed service plan (school/employment, court-ordered conditions, specialized treatment needs SO, MH, D&A):

Other comments (recommendations, questions, concerns):

YOUTH'S SIGNATURE	DATE
WRITTEN BY:	DATE
REVIEWED BY:	DATE

ATTACH ORDER OF PAROLE CONDITIONS TO THIS DOCUMENT

DISTRIBUTION: Assigned Parole Office
 Working File
 Case File